Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03/04/2008</u>	Address:	3817 CAMDEN DR.
Casé #:	<u>43F2</u> 5 <u>713</u>		COLUMBUS, IN.
County:	<u>BARTHOLOMEW</u>		<u></u>
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (c Residence Outbuilding	☐ Hotel/Motel
Dumpsi 🔲 Dumpsi	te (only)	☐ Vehicle	Open – No Structure Other:
Lithium/ Red Pho I/lammal Water Ro Anhydro Hydrochi Corrosivo	at apply) Ammonia Reaction(s): sphorous/lodine Reaction(s): cactive Metal (Lithium): us Ammonia: IN ALTERED TANK loric Acid Gas Generator(s): IN GRI e Acid: can and location): can and location):	IN RESIDENÇE	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following as a service of the faxed to the following as a service of the faxed to		Investigative Information Ephodrine/Pseudoephodrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location: Fire Department: COLUMBUS FD Fax: 812-376-2679			
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Health Department: <u>BARTHOLOMEW CO.</u> Child Protection Service: <u>N/A</u>		Fax: N/A	
For further inf Investigating (formation regarding this methamphot Officer: <u>TRP, MARTIN A</u> , <u>MEAD</u> 1	amine Iaboratory, con hone <u>812-52</u> 2-1441	tact .

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.